

215040742  
62835

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 94	Agency Case No. B5-092817	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1755	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1759	10/06/2015					
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 13th / A St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 13th / A St.			IF NOT AT INTERSECTION NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1/M 16	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	H12935094		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 2	DRIVER	SHEILA A BENTZEN		PHONE	4025709481					
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 8010 MANDALAY DR, LINCOLN, NE 68516		DATE OF BIRTH (MM / DD / YYYY)	06/15/1987					
G 4	OWNER	SHEILA A BENTZEN		PHONE	4025709481					
H 5	OWNER ADDRESS	CITY, STATE, ZIP 8010 MANDALAY DR, LINCOLN, NE 68516		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB487821					
V1/O 1	LICENSE PLATE PA NO.	SGB819		YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V2/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
I 1	VEHICLE ID NO. (VIN)	1G1JH12F747147975		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500						
J 01	TOWED TO	TOWED BY		INSURANCE COMPANY Geico						
K 02	POLICY NO.		4308361205							
VEHICLE NO. 2										
F 1	DRIVER LICENSE NO.	G61006060		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 1	DRIVER	JANINE K BULLARD		PHONE	3084304352					
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 248 BURNHAM DR, ALLIANCE, NE 69301		DATE OF BIRTH (MM / DD / YYYY)	08/04/1965					
J 01	OWNER	JANINE K BULLARD		PHONE	3084304352					
K 02	OWNER ADDRESS	CITY, STATE, ZIP 248 Burnham Dr., Alliance, NE 69301		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.					
V1/Q 4	LICENSE PLATE PA NO.	65K248		YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
L 02	VEHICLE ID NO. (VIN)	19XFB2F8XDE051211		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500						
M 02	TOWED TO	TOWED BY		INSURANCE COMPANY Farm Bureau						
N 02	POLICY NO.		7296028							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	JANINE K BULLARD	248 Burnham Dr., Alliance, NE 69301		08/04/1965	01	1	09	4	1	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F

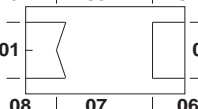
INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 cited and released.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
WITNESSES	NAME								ADDRESS								PHONE			
	NAME								ADDRESS								PHONE			

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1																	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																		
1		X			S. 13th St.																																		
2			X		A St.																																		
1	01				06 Turning left				POINT OF IMPACT		01		POINT OF IMPACT		07		POINT OF IMPACT		01		POINT OF IMPACT		07																
2	01				08 Entering traffic lane				MOST DAMAGED AREA		01		MOST DAMAGED AREA		07		MOST DAMAGED AREA		01		MOST DAMAGED AREA		07																
01 Essentially straight ahead					09 Leaving traffic lane					<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>02</b>   <b>03</b>   <b>04</b>    <b>08</b>   <b>07</b>   <b>06</b> </div> <div style="text-align: center;"> <b>01</b>   <b>05</b> </div> </div>					02 Backing					10 Parked					11 Total (all areas)					12 Other									
03 Changing lanes					11 Slowing or stopped in traffic																																		
04 Overtaking/ Passing					12 Other																																		
05 Turning right					13 Unknown																																		

OFFICER NO. <b>1577</b>				TROOP/ TEAM/ BEAT <b>SW</b>				DEPARTMENT <b>Lincoln Police Department</b>				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
INVESTIGATOR NAME <i>(Print or Type)</i> <b>Scott Parker</b>								INVESTIGATOR SIGNATURE <b>Approved by Officer Scott Parker</b>								DATE OF REPORT <b>10/06/2015</b>			